

**Confessional Lutherans for Christ's Commission (CLCC)
Membership Application**

Please Print

Name: _____ Date: _____
 First M. Int. Last

Clergy: ____; Cm Minister & Title: _____, Laity ____ Mr. ____ Mrs ____ , Ms. ____

Street Address: _____ Apt/Room. _____

City: _____ State: ____ ZIP: _____

Home Phone: _____ Email: _____

Business Phone: _____ FAX: _____

Home Church: _____ Affiliation/Synod: _____

Home Church Location/Address: _____

_____ Approximate conference room capacity: _____

Other Confessional Group Memberships: _____

Leadership Positions held or holding: _____

Training Courses you have or know of that would be of interest to our purposes: _____

Yes, I have teaching skills: _____, Yes, I would like to volunteer where I can: _____

Continue on back if needed

Initial Annual Individual Membership Fee: **\$30.00** Make check payable to **Confessional Lutherans for Christ's Commission; Mail check and application form to:** Gene White, 230 Evelyn St., Roseburg, OR 97471

(Rev: 1/9/08)